

# PROVIDER REQUEST FOR CHILDHOOD VACCINES

Fax Completed Request To:

Local Health Department Name

Local Health Department Address

City, County, Zip

Telephone: ( )

Fax: ( )

<b>SHIP TO:</b>				<b>DATE ORDERED:</b>		
<b>SHIPPING ADDRESS:</b>					Check if New Address <input type="checkbox"/>	
<b>CONTACT:</b>						
<b>TELEPHONE: ( )</b>			<b>FAX: ( )</b>			
DELIVERY: Please specify all days and hours			<input type="checkbox"/> <b>Tue.</b>	<input type="checkbox"/> <b>Wed.</b>	<input type="checkbox"/> <b>Thu.</b>	<input type="checkbox"/> <b>Fri.</b>
(e.g., 9AM- 3PM) you may receive vaccine			AM to PM	AM to PM	AM to PM	AM to PM
Special Shipping Instructions:						
VACCINE	DESCRIPTION	Doses Used Last	Doses On Hand	Vial Size (Doses)	Doses per Shipping	Number of Doses
<b>DT (Pediatric)</b>	<b>Diphtheria &amp; Tetanus</b> (children 6 weeks of age up to the 7th birthday with pertussis contraindication)			1	10	
<b>DTaP</b>	<b>Diphtheria, Tetanus &amp; acellular Pertussis</b> (children 6 weeks of age up to the 7th birthday)			1	10	
<b>HEP A - (Pediatric)</b>	<b>Hepatitis A Pediatric/Adolescent</b> (children 1 years of age up to the 19th birthday)			1	10	
<b>HEP B</b>	<b>Hepatitis B Pediatric/Adolescent</b> (children at birth up to the 20th birthday)			1	10	
<b>Hib</b>	<b>Haemophilus influenza type b Conjugate</b> (children 6 weeks of age up to the 5th birthday)			1	5	
<b>IPV</b>	<b>Enhanced Inactivated Polio Virus (Salk)</b> (children 6 weeks of age up to the 19th birthday)			10	1	
<b>MCV4</b>	<b>Meningococcal Conjugate</b> (Groups A, C, Y & W-135) (Currently restricted due to limited supply: 11 years of age up to the 19th birthday entering college, or who meet high risk criteria.)			1	5	
<b>MMR</b>	<b>Measles/Mumps/Rubella</b> (children 12 months of age up to the 19th birthday)			1	10	
<b>PCV7</b>	<b>Pneumococcal Conjugate 7-valent</b> ( children aged 2–23 months and for high risk children aged 24–59 months)			1	10	
<b>Td</b>	<b>Tetanus &amp; Diphtheria</b> (should be replaced by Tdap for routine boosters)			1	10	
<b>Tdap</b>	<b>Tetanus, diphtheria, acellular pertussis</b> (adolescents 11 years of age up to the 19th birthday)			1	10	
<b>SPECIAL ORDER VACCINES (These vaccines are available only for special circumstances.)</b>						
<b>INFLUENZA Fluzone</b>	<b>Fluzone</b> No Preservative 0.25 mL Single Dose Syringe (6-35 Month)			1 (0.25 ml)	10	
<b>INFLUENZA Fluzone</b>	<b>Fluzone</b> No Preservative 0.5 mL Single Dose Syringe (Age 3 & up)			1 (0.5 ml)	10	
<b>INFLUENZA Fluzone</b>	<b>Fluzone</b> No Preservative 0.5 mL Single Dose Vial (Age 3 & up)			1 (0.5 ml)	10	
<b>INFLUENZA Fluzone</b>	<b>Fluzone</b> 5.0 mL Multi Dose Vial (Age 3 & Up)			1 (5.0 ml)	10	
<b>INFLUENZA Fluvirin</b>	<b>Fluvirin</b> 5.0 mL Multi Dose Vial (Age 4 and up)			1 (5.0 ml)	10	
<b>PNEUMO 23</b>	<b>Pneumococcal Polysaccharide 23-valent</b> (high risk children only, 2 years of age up to the 19th birthday)			1	10	
<b>MUST BE STORED IN THE FREEZER</b>						
<b>Varicella</b>	<b>Varicella (chicken-pox) vaccine (children 12 months of age and older requiring only varicella vaccination)</b>			1	10	

\*Supplies of combination vaccines are limited. Order only enough combination vaccine for children in the indicated age range.

Appropriate use of combination vaccines will be monitored through accountability reports.

Individual antigen orders should decrease to offset combination vaccines ordered. Combination vaccines do not replace the birth dose of hepatitis B.